U.S. No. 300
Rev. 10-48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32497

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sale's Memoral Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Diamond
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rt.#1, Marion Twn. 0730 0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Daniel
c. (Last): Riley

4. DATE OF DEATH (Month) (Day) (Year): 9-16-1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-4-1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. of Pump Station
10b. KIND OF BUSINESS OR INDUSTRY: Shell Oil Co.
11. BIRTHPLACE (City and State or Foreign Country): Oskaloosa, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Patrick Riley
13b. MOTHER'S MAIDEN NAME: Mary Jane Garman
14. NAME OF HUSBAND OR WIFE: Lorinda Eldridge Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. George Riley Diamond Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carnary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute appendix
DUE TO (c) Tooth pick in secum which had perforated the bowel

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: 9-15-53
19b. MAJOR FINDINGS OF OPERATION: Acute appendix tooth pick in secum which had perforated the bowel 0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 073 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-15, 1953, *to* 9-16, 1953, *that I last saw the deceased alive on* 9-15, 1953, *and that death occurred at* 12:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. F. Whitehead M.D. 0
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 9-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-17-1953
24c. NAME OF CEMETERY OR CREMATORY: Fairlawn Cemetery
24d. LOCATION (City, town, or county) (State): Cushing, Oklahoma

DATE REC'D BY LOCAL REG.: 9-16-53
REGISTRAR'S SIGNATURE: Melvin C. Bowman MD 223-d
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 953-178

Date Filed SEP 25 1953

NEOSHO, MISSOURI

OCT 6 1953

FEB 3 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.